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ABSTRACT

Substance abuse among adolescents is modeled and reinforced by the peer culture. Experimentation with drugs seems to have become a typical part of normal adolescent development. The solution to adolescent substance abuse will only be arrived at through gathering facts and designing intervention programs based on those facts. Since the two most widely used drugs are alcohol and marijuana, any intervention must at least focus on these two substances. Interventions should consider the drug, the user, and the setting and should target adolescents, peers, parents, and community leaders. Interventions must provide youth with acceptable, less self-destructive alternatives to substance abuse. Some of these alternatives include competency building, social skills enhancement, assertiveness training, drug-free activities, and anxiety management. Successful programs change both the individual and the environment. While the obvious site for intervention is at the school and most prevention programs have occurred in schools, community-wide programs are another possibility. Community interventions include the use of the media, newsletters, the dissemination of self-help manuals, grassroots organizational development, and lobbying. Great strides have been made in substance abuse prevention in the last decade. (NB)

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# Guidelines for Competence and Skills Development for Substance Abuse Prevention

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Presented at the 33rd Annual Meeting
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# Guidelines for Competence and Skills Development for Substance Abuse Prevention

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Substance abuse among adolescents continues to be a health problem of epidemic proportions. Nearly half of all teenagers experience some life problem from substance abuse, including conflicts with family and friends, trouble with the school or police, and automobile accidents (Burkett, 1977; Stainback & Rogers, 1983; Nace, 1984). Over two-thirds of high school seniors have taken a drink in the last month and about one quarter use marijuana frequently (NIDA, 1984; Mills and Noyes, 1984).

As with any serious health problem in our society there is a tendency of well-meaning policy-makers, interest groups, and practitioners to dramatize, alarm, and generally "go to war." Their excesses are spread across our newspaper headlines and television sets. In truth, the solutions to such a complex problem as substance abuse are arrived at through the gathering of facts and the designing of intervention models that address the extent and depth of the problem. We have learned a lot about substance abuse in the last decade, and I would like to review with you some of



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this work as guidelines for your own prevention efforts.

Antecedents of substance abuse

Why do teens use drugs? Because their peers do! Alcohol consumption at the high school level is often regarded as a rite of passage, an integral part of adolescent development (Jessor & Jessor, 1975). Thus, it is normal to experiment with alcohol, and interventions with the vast majority of teens must take this into account in order to be successful. It is also important to note that both parents and peers serve as models to establish normative standards for teens and their substance use (Biddle, Bank, & Marlin, 1980; McDermott, 1984).

For the minority of students, drug use is a much more complicated and potentially devastating matter consisting of either a genetic predisposition toward abuse (Schuckit, 1981) or environmental and personality factors contributing to drug use as a form of adaptation. As an example, Bry (1983) posits that drug abuse is a method of coping with unmanageable stress. In this regard, Duncan (1977) reported that drug dependent subjects had significantly higher life stress scores than did a standard population of adolescents. Low self-esteem is another major factor. Englander-Golden Elconin, Miller & Schwarzkoff (1986) report that youngsters

say yes when they want to say no to things when they fear not being liked, fear rejection, or fear losing a friend. When teens begin to abuse drugs they tend to be poly-abusers. Jessor et al. have shown a correlation of .60 between marijuana use and times drunk. Kandel (1975) reported a progression from beer to illicit drugs.

To summarize, most teens experiment with drugs. Over 90% have tried alcohol by their senior year and over half have tried marijuana. The typical situation for experimentation is when two casual or good friends get together at a party or at home and social pressure is placed on one of the youngsters to use the drug (Stetson, Brown, & Beatty, 1985).

## Planning Interventions

A model proposed by NIDA and NIAAA provides a comprehensive approach to the primary prevention of drug abuse (French & Kaufman, 1981). Multiple interventions are employed for the agent (the drug), the host (the user), and the environment (the setting in which the drug is used). Interventions are multi-level including individuals, peers, parents, and schools. As stated previously, the two most widely used drugs are alcohol and marijuana. Any intervention must <u>at least</u> focus on these two substances.

One grassroots community group emphasized only alcohol use with the result that its use was significantly decreased while the use of marijuana stayed essentially the same (Silverman, Watson & Silverman, 1986). The question of what other drugs to include in prevention efforts remains open. Certainly tobacco is a frequently used substance and cocaine use is on the rise. However, other substances such as sedatives, PCP, and heroin may not be of such a threat to include them in our current efforts.

The preponderance of drug use among teens is for recreational and social use. If we are to be successful with these users then we must assist them in learning more healthful and enjoyable alternatives. Chastising, threatening, and scaring teens have never been successful in changing their behavior. Merely providing another educational experience has also been proven to be unsuccessful (Bachman, Johnson & O'Malley, 1981). Those successful prevention programs have been based upon multiple interventions including life skills education, alternative drug-free activities, modifying the drug-use environment, and impacting social policy. The targets for intervention must include not only the teen but peers, parents, and community leaders (Silverman & Silverman, 1985). Unfortunately parents have participated either passively or actively in a conspiracy of silence concerning drug abuse.

Their estimates of substance abuse among their children are grossly below that which their children report. The importance of peer involvement in both drug use and prevention cannot be overemphasized. Both parents and teens agree that peer pressure is the most important contribution to substance use. The best personal resource for problems with drugs as judged by teens, their parents, and community leaders is the teenagers friends (Silverman, et al. 1986; Silverman & Silverman, 1985).

The obvious site for interventions is at the school (Perry, 1982). This is a difficult system to engage because school authorities can be sensitive to adverse publicity (Carman, 1973). The program planner must draw a fine line between what is necessary for evaluation and accountability and what is expedient for safeguarding confidentiality and the trust of school administration.

There is also the potential for community-wide efforts at substance abuse prevention. Families in Action, a grassroots community group, began its efforts by closing down the "head shops" in its county (Manatt, 1979). Jason et al. (in press) describe a spectacularly successful use of media coupled with worksite interventions to eliminate cigarette smoking. Other examples include the efforts of SADD, MADD, and PRIDE at organizing constituencies for

substance abuse prevention.

Program Implementation

There are a variety of effective and creative curricula for reducing the incidence of substance abuse. As Beaulieu & Jason (in press) have pointed out, they are based largely on two fundamental strategies. The first is the problem-solving strategy which assumes that improving cognitive processes will improve behavioral adjustment. The second strategy is the social competency building strategy which assumes that abuse is a function of psychosocial skills deficits. It develops health promoting behavior and skills to resist social influence.

One model curriculum that has been successful in combining social competency and cognitive skills development was employed successfully by Botvin and his colleagues (1984). They taught both problem specific skills and general life skills including how to make decisions, how to reduce anxiety, short and long term consequences of drug abuse, social skills and assertiveness and self-improvement. Their cognitive behavioral approach was taught in 20 sessions. A modification of this curriculum was developed by Forman and Linney (1986) who have also designed a manual for parents and a checklist for spotting high risk behavior.

Project Star is another curricula that has been used with children between the 5th and 8th grades (Richards & Smith, 1985). It is lengthier than Botvin's life skills program consisting of 50 sessions. Nearly half of the sessions are devoted to understanding personality factors, one-third to developing interpersonal communication skills, and 20% to learning how to relax.

Ethridge & Faulk (1986) have developed the most comprehensive curriculum to this reviewer's knowledge encompassing grades K through 12. Based upon the CASPAR alcohol education program, the project has been implemented in several Georgia counties. It is called project RAMP and its philosophy is to recognize cultural and religious differences while respecting the rights of parents to direct their children. It also specifically rejects the use of scare tactics.

Englander-Golden, Elconin & Miller (1985) designed a hybrid curriculum, Say It Straight, employing both assertiveness training and Satir's work on effective communication. Emphasis is placed upon "leveling" or emphasizing how others make us feel rather than telling others how they feel. These authors have done some important work on the consequences of assertiveness and offer several useful recommendations. Counter-manipulation

produces negative consequences. Changing the subject elicits overwhelming anger from the receiver while making the sender feel scared and stupid. Giving excuses, called passive placating, results in even more pressure by the recipient. Lecturing on the part of the sender (super-reasonable) usually turns into blaming which in turn elicits overwhelming anger (Englander-Golden, Elcomin & Satir, 1986).

Emphasizing cultural relativity, Monroe-Scott and Miranda (1984) have created a program specifically designed for black youth. They underscore the importance of black culture, building a positive self-concept, teaching survival skills, and acknowledging the special issues of adolescence.

The importance of including peers in the implementation of any drug prevention curriculum cannot be overestimated. By the time children reach the ninth grade, adult models are less important than peers (Huba & Bentler, 1980). Botvin and his colleagues were successful in increasing knowledge and changing attitudes about drug use when peers were used as trainers in comparison to controls. They also rated themselves less likely to be influenced by peers and less likely to smoke cigarettes, use marijuana, or drink alcohol excessively. Interestingly, the prevention program was ineffective when implented by classroom teachers.

At the school-wide level, youth groups can be formed to promote alternatives to drugs including drug-free parties, poster campaigns, and drug prevention fairs. These groups can be very popular among teens as evidenced by a Families in Action student group that started with 10 members and increased to 350 in about three years (Footnote 1).

Substance abuse prevention efforts have been few and far between at the community level. One issue upon which both parents and their children agree - and a major reason that teens use drugs - is availability (Silverman et al., 1986). Pressure placed on local and state government officials to enforce current laws and pass new laws to curtail supply to minors would appear to be an effective strategy around which both parents and children can organize. Large-scale use of the media can be another tack. Jason (1986) describes his efforts at smoking prevention in a large urban area. He was able to reach a half million TV viewers on one evening broadcast and distributed 50,000 self-help manuals. Through its efforts at drug education, Families in Action has distributed a newsletter of the latest facts about drugs both locally and nationally as well as distributing a manual on how to form a grassroots community groups for drug prevention (Rushe, 1979).

An untapped resource for enhancing community-wide

prevention efforts are community leaders. Our data suggest that they are more in touch with the use of drugs in their communities than parents and are tough but compassionate in their views toward solutions (Silverman & Silverman, in press).

## Conclusions

Substance use and abuse in adolescence particularly that of alcohol, marijuana, and tobacco can be viewed as a set of behaviors that is modeled and reinforced by the peer culture. Although its consequences have a potential for great danger, experimenting with drugs seems to be a typical part of normal development in contemporary adolescence. The problem then becomes one of providing youngsters with a set of alternatives that are just as acceptable but with less potential for self-destruction. Some of these alternatives include competency building, social skills enhancement, assertiveness training, drug-free activities, and anxiety management. Successful programs change both the individual and the environment. This includes a direct assault on the norms of a drug-accepting environment by recruiting peers to serve as models and trainers.

While most prevention programs have occurred in the school setting, there have been some creative attempts at

intervention on the community-wide basis. They include the use of media, newsletters, the dissemination of self-help manuals, grassroots organizational development, and lobbying. We have made great strides in substance abuse prevention in the last decade. It is not as socially acceptable to "get high" and much more popular to say "no."

Footnote 1. Personal communication with the author.

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